



**PUBLIC BENEFITS CASE ACCEPTANCE GUIDELINES**  
**August 31, 2010**

**I. General Considerations Applying to All Cases Considered for Full Representation**

- A. The regional office will weigh the following factors in determining whether to accept a case:
1. The legal and factual merits, including the client's credibility and whether there is a good faith basis to seek extension, modification, or reversal of existing law which is unfavorable to the client's position. Non-meritorious cases will not be considered for representation;
  2. The existing caseload of the advocate and, where transfer of the case to another program advocate is an option, the caseloads of other advocates taking cases in the substantive area;
  3. The availability of alternative assistance or representation for the client;
  4. The willingness of the client to cooperate with the advocate;
  5. The difficulty of preparing the case given the program's resources;
  6. The effect on the client if the program does not assist or represent the client;
  7. The ability of the client to represent him/herself;

8. The affect on the client community of a decision to, or not to, assist or represent the client, including the possibility of systemic relief; or
9. Any other program or policy reasons for accepting or declining a case.

B. Where possible, the decision to accept a case for representation will be made at a case review meeting.

## II. **Prerequisites for Case Acceptance (See also, Protocols for Assistance Short of Full Representation, adopted 11/27/06)**

- A. The Client has a meritorious case; and
- B. Timeliness of appeal < 90 days since notice

## III. **Program-Wide Public Benefit Priorities:**

- A. Access to the benefits of the welfare-to-work and self-initiated programs, including job training and education, and support services.
- B. Access for limited English proficient recipients and applicants.
- C. Special needs of domestic violence survivors.

## IV. **Case Acceptance Guidelines (When an Appointment for Possible Full Representation May Be Made)**

<b>BENEFIT/ SERVICE</b>	<b>OAKLAND</b>	<b>SF</b>	<b>CCC</b>	<b>SANTA CLARA</b>	<b>MARIN/ NAPA</b>
<i>CALWORKS</i>		Open to all CW related			

		issues; advocate at 170 Otis			
• Written Denial	Yes *if just delay advise to request hrg and go up chain	Yes	Yes	Yes	Yes
• Termination	Yes	Yes	Yes	Yes	Yes
• Reduction	Yes	Yes	Yes 15%&2 mos	Yes	Yes
<b>BENEFIT/SERVICE</b> <i>CALWORKS (cont.)</i>	<b>OAKLAND</b>	<b>SF</b>	<b>CCC</b>	<b>SANTA CLARA</b>	<b>MARIN/ NAPA</b>
• Overpayment	Yes *only if fraud investigation as evidenced by appointment ltr to meet with fraud investigation unit or crim chg pending	Yes	Yes \$5K+	Yes	Yes
• W2W (childcare, trans, books)	Yes	Yes	Yes	Yes	Yes
• Time on Aid	Yes	Yes	Yes	Yes	Yes
• Exemptions	Yes	Yes	Yes	Yes	Yes
• Failure to coop re CS	Yes	Yes	Yes	Yes	Yes
<i>GA/FS</i>					

• Written Denial	Yes *if just delay advise to request hrg and go up chain	Yes for LEP All others GAAP	Yes	Yes	Yes
• Termination	Yes	Yes for LEP All others GAAP	Yes	Yes	Yes
<b>BENEFIT/SERVICE</b> <i>GA/FA (cont.)</i>	<b>OAKLAND</b>	<b>SF</b>	<b>CCC</b>	<b>SANTA CLARA</b>	<b>MARIN/NAPA</b>
• Reduction	Yes *GA – yes *FS – if 15%+LEP, Disabled, DV	Yes for LEP All others GAAP	Yes 15%&2 mos	Yes	Yes
• Overpayment	Yes *only if fraud investigation as evidenced by appointment ltr to meet with fraud investigation unit or crim chg pending	Yes for LEP All others GAAP	Yes \$5K+	Yes \$5K+	Yes
<i>SSI/SSDI</i>					
• Denial of initial app due to disab	No unless CW to SSI	No unless rejected by 2 pvt attn; HAP for mentally disab	No unless rejected by 2 pvt attns	No	Yes will assess & assist with completing request for

					appeal
<ul style="list-style-type: none"> <li>Denial of initial app due to non-disab related reason</li> </ul>	Yes	Yes	Yes	Yes	Yes
<b>BENEFIT/SERVICE</b> <i>SSI/SSDI (cont.)</i>	<b>OAKLAND</b>	<b>SF</b>	<b>CCC</b>	<b>SANTA CLARA</b>	<b>MARIN/NAPA</b>
<ul style="list-style-type: none"> <li>Denial on request for recon for denial based on disab</li> </ul>	No unless rejected by 2 pvt attns or unable to contact pvt attns or CW to SSI	No unless rejected by 2 pvt attns or unable to contact pvt attns	No unless rejected by 2 pvt attns or unable to contact pvt attns	No unless rejected by 2 pvt attns or unable to contact pvt attns	No unless rejected by 2 pvt attns or unable to contact pvt attns
<ul style="list-style-type: none"> <li>Overpayment</li> </ul>	No Pro per pkt	No Pro per pkt	No Pro per pkt	No Pro per pkt	Yes \$5K+ \$2K+ for LEP
<ul style="list-style-type: none"> <li>Termination due to CDR or age 18 redeterm.</li> </ul>	Yes after denial of recon	Yes after denial of recon or HAP	Yes after denial of recon	Yes after denial of recon	Yes after denial of recon
<ul style="list-style-type: none"> <li>Termination or suspension other reason</li> </ul>	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>Appeal from ALJ decision</li> </ul>	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>Denial or Termination of survivor benefits</li> </ul>	Yes	Yes	Yes	Yes	Yes

<i>MEDI-CAL</i>					
• Denial or reduction	Yes	Yes	Yes	Yes	Yes
• Long-term care planning	No refer LAS	No refer CANHR / LAE	No refer CANHR / SLS	No refer CANHR/ SALA	No refer CANHR
• Nursing home care	No refer LAS	No refer CANHR / LAE	No refer CANHR / SLS	No refer CANHR/ SALA	No refer CANHR
<i>COUNTY HEALTH</i>	Yes	Yes	Yes	Yes	Yes
<b>BENEFIT/SERVICE</b>	<b>OAKLAND</b>	<b>SF</b>	<b>CCC</b>	<b>SANTA CLARA</b>	<b>MARIN/ NAPA</b>
<i>IHSS</i> (Denial/10%+ reduction)	Yes 10%+	Yes 10%+	Yes 10%+	Yes 10%+	Yes 10%+
<i>MEDICAL BILLS</i>	Yes	Yes	Yes	Yes if medi-cal should have been billed	Yes If CMSP, medi-cal or medicare related bill or marin general bill
<i>MEDICAL INSURANCE</i>	Yes	Yes	Yes	No	Yes
<i>DENIAL OF TAR</i> (request to approve specific trmt)	Yes	Yes	Yes	No	Yes
<i>HEALTHY FAMILIES</i>	Yes	Yes	Yes	Yes	Yes
<i>PARATRANSIT</i>	Yes	Yes	Yes	No	Yes
<i>DENTI-CAL</i>	Yes	Yes	Yes	Yes	Yes
<i>MENTAL HEALTH</i>	Yes	Yes	Yes	Yes	Yes
<i>MEDICARE</i>	No	Yes	Yes	No	Yes

	*refer LAS or HICAP				
<i>UNEMPLOYMENT</i>	No	No	No	No	Yes
<i>VA BENEFITS</i>	No	No	No	No	Yes